## Foster Family Home - Corrective Action Report

1-509911

Provider ID:

Home Name:	Violenda Byrn	e, CNA	Review ID:	1-509911-5			
94-410 Apowale Waipahu	Street HI	96797	Reviewer: Begin Date:	David Ayling 1/23/2018	End Date: 2/20/18		
Foster Family	Home R	equired Certifica	te	[17-	.1454-6]		
6.(d)(1)	Comply with a	all applicable requir	ements in this cha	apter; and			
Comment:			ten der eer det hie het der jaar des see hat dan see he				
Home visit for a visit with all iter	a 3 person CCF ms due to CTA	FH recertification by 2/23/18.	review made or	1/23/18. Corre	ective Action Report issued during home		
6.(d)(1) - see a	pplicable sectio	ns of the review					
Foster Family	Home Po	ersonnel and Sta	ıffing	[17-	1454-41]		
41.(b)(7)	Have a currer	nt tuberculosis clear	ance that meets	department of hea	alth guidelines; and		
Comment:	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~		* * * * * * * * * * * * * * * *		***************************************		
41.(b)(7) - No o	current or any T	3 clearance for C	G #3.				
3 Person Staff	ing 3	Person Staffing	Requirements	[17-	1454-41] (3P)		
41.(3P)(a)(4)	certificate is e	A current Certified Nurses Aide or Nurse Aide certificate plus one year of experience in a home setting. If the certificate is expiring within the next 30 days, evidence of a new certificate must be provided. Substitute caregivers have a minimum of one year work experience as a caregiver in a community residential setting or in a medical facility.					
Comment:	NV 55 32 30 400 and and 36 36 46 45 46 36 56 56	****					
41.(3P)(a)(4) -	CNA certificatio	n expired on 6/8/	17 for CG #1.	150			
	Compliance	Manager Way	OD Aug	ly A	1/23/18 Date		

Primary Care Giver

Date

Community Care Foster Family Home (CCFFH) Written Plan of Correction for Deficiencies Listed in Corrective Action Report Chapter 17-1454

CCFFH Name: VIOlenda Byrne

CCFFH Address: 94-410 Apowale St Waipalm H1 96797

Rule Numbe	Corrective Action Taken	Date Corrected	Prevention Strategy	
41·(3P) (9)(4)	I have received and placed a current B Clearance from BG #3 in my CTA Binder.  I have also placed a current CNA certification CG #1 into my CTA Binder.		I made a list of all the expiration dates of CNA, TB, CPR. APY CAN and ECRIME for all the C6's and placed in the front of My CTA Prinder. I will list at it every week	

Primary Caregiver's Signature: Whyse Print Name: VIolenda Byrne

Date of Signature: 2/20